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ABSTRACT

This annotated bibliography describes 53 books, papers, and articles written about efforts toward integrating and improving human services for children, youth, and families living in poverty. The bibliography has been developed for individuals working on and interested in service integration, including policymakers, program administrators, practitioners, academics and researchers, and students. The criteria for selecting materials were that publications be timely, relevant, and currently in print; approach the subject from a broad-based perspective; place a greater emphasis on practice than theory; and be available through a library or for purchase from a publisher or distributor. Early items are from the mid- to late-1980s; most items are dated 1991 or 1992. The following topics are considered: (1) human services integration; (2) JOBS case management practices; (3) school linked services; (4) balancing custody and care; (5) integration through early intervention/child care collaborations; (6) family support and education; (7) policy maker collaboration; (8) building a community agenda; (9) refinancing and restructuring children's services; (10) strengthening families; (11) at-risk adolescents; (12) welfare reform; (13) confidentiality and collaboration; (14) service integration; (15) investing in family self-sufficiency; (16) interagency partnerships; (17) caring communities; and (18) fighting fragmentation. (JB)

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NATIONAL
CENTER FOR
SERVICE
INTEGRATION

Service Integration:

An Annotated Bibliography

Ajay Chaudry
Karen E. Maurer
Carole J. Oshinsky
Joshua Mackie

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NATIONAL CENTER FOR SERVICE INTEGRATION

The National Center for Service Integration (NCSI), established in 1991 with grants from the U.S. Department of Health and Human Services and private foundations, is a collaboration of six organizations—Math-tech, Inc., Child and Family Policy Center, the National Center for Children in Poverty at Columbia University, National Governors' Association, Policy Studies Associates, Inc., and the Bush Center on Child Development and Social Policy at Yale University. NCSI's mission is to stimulate and actively support service integration efforts across the country by serving as a technical assistance resource and an information clearinghouse for documents, programs, and organizations.

ABOUT SERVICE INTEGRATION

NCSI has defined service integration as the process by which a range of educational, health, and social services are delivered in a coordinated way to improve outcomes for individuals and families. Current efforts in service integration strive to overcome the disadvantages of the present fragmented structure of programs and providers, often promulgated by professional specialization.

Effective service integration initiatives emphasize:

- ▲ Comprehensive services
- ▲ Early intervention and prevention
- ▲ Consumer and family-oriented responses
- ▲ Family and individual outcomes
- ▲ Provider accountability

Current initiatives often involve collaboration and system reform objectives that go well beyond traditional notions of coordination and information sharing. The most ambitious efforts seek the integrated delivery of a full scope of education and human services through collaborations that include schools and major health and social service providers.

ABOUT THE BIBLIOGRAPHY

This annotated bibliography describes books, papers, and articles written about efforts at integrating and improving human services for children, youth, and families living in poverty. The bibliography has been developed for individuals working on and interested in service integration, including policymakers, program administrators, practitioners, academics and researchers, and students. The goal of the bibliography is to provide a broad but brief overview of service integration. The criteria for selecting materials were that publications be timely, relevant, and currently in print; approach the subject from a broad-based perspective; place a greater emphasis on practice than theory; and be available through a library or for purchase from a publisher or distributor. Publication and purchasing information appears for all items except for journals that are listed in standard periodical directories. A topical index appears on the back cover. Abstracts were prepared by staff members of the NCSI Information Clearinghouse and the National Center for Children in Poverty. Other bibliographies on specific aspects of service integration are available from the Information Clearinghouse.

NCSI Consortium Members William A. Morrill—Mattech, Inc.
Charles Bruner—Child and Family Policy Center
Judith E. Jones—National Center for Children in Poverty,
Columbia University School of Public Health
Sharon Lynn Kagan—Bush Center, Yale University
Elizabeth R. Reisner—Policy Studies Associates
Barry Van Lare, Evelyn Ganzglass, Linda McCart—
National Governors' Association

NCSI Staff William A. Morrill, Project Director
Deborah Bath, Project Manager
Carolyn Marzke, Research Analyst
Karon Perlowski, Network Coordinator
Carole J. Oshinsky, Clearinghouse Coordinator
Karen E. Maurer, Clearinghouse Information Specialist
Adrienne J. Zimmer, Clearinghouse Information Assistant
Beth S. Atkins, Editor

Design Pam Resnick and Telly Valdellon

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NOTE: Acronyms/Program Names Used Throughout the Bibliography

AFDC	Aid to Families with Dependent Children	JOBS	Job Opportunities and Basic Skills Training Program
APWA	American Public Welfare Association	NCSI	National Center for Service Integration
CASSP	Child and Adolescent Service System Program	NGA	National Governors' Association
EPSDT	Early and Periodic Screening, Diagnosis and Treatment	NHEC	National Health/Education Consortium
FSA	Family Support Act	P.L. 99-457	Public Law Part H: The Education of the Handicapped Amendment of 1986 to IDEA
HEW	U.S. Department of Health, Education and Welfare (now the U.S. Department of Health and Human Services)	SIPP	Services Integration Pilot Projects
IDEA	Individuals with Disabilities Education Act	SITO	Services Integration Targets of Opportunity

Agranoff, Robert
**Human services integration:
Past and present challenges in
public administration**

Applying a historical perspective, the author analyzes changes in the human services integration movement from the grand-scale top-down efforts of the mid-1960s to today's newer, more concentrated, community-based efforts. Over time, broad schemes of integrated services, designed to meet all the needs of people and families at risk, have given way to more modest efforts. The analysis includes a definition of service integration, a framework for strategy, and examples of successful initiatives.

Interest in service integration has endured over time because the barriers to accessing needed services have been so difficult to eradicate. These include incompatible federal and/or state eligibility standards, funding limitations, restrictive agency operating policies, and a lack of needed services. Problems have arisen because agencies usually deliver services at separate locations, have different intake procedures, and often protect their resources by avoiding coordination with each other. In addition, public policies often address "single" problems, offering many local providers few options to provide comprehensive services to "multiproblem families."

The greatest difference between earlier integration efforts—such as the 1970s Health and Human Services SITO and Partnership Grant projects—and contemporary ones, is that current efforts focus on particular sets of problems or populations and tend to be less ambitious. Current initiatives suggest that for service integration to be successful, interdependent management activities must occur at the policy, administrative, and service delivery levels. These three levels, with their own separate yet interactive goals, create a necessary framework for service integration strategies.

The author stresses that public administrators must adopt a new paradigm—a "transorganizational management" perspective—to replace an earlier emphasis on single organizational structures. This new perspective requires that administrators recognize and overcome organizational disparities in information, programs, resources, power, and procedures, and forge collaborations through joint

decision-making, goal-directed planning and programming, and cooperative operating agreements.

Public Administration Review, November/December 1991; 51 (6): 533-542

American Public Welfare Association,
Institute for Family Self-Sufficiency
**Status report on JOBS case
management practices**

This report is based on a 1991 nationwide survey of case management practices within the JOBS program. Case management under JOBS is the process of coordinating and brokering the multiple services needed for a client's progress toward self-sufficiency. The survey covered professional opinions about case management, functions of case managers, characteristics of case managers, and other case management issues. The researchers gathered data from questionnaires sent to state and local agencies that administer AFDC and JOBS, as well as from focus group interviews with case managers and JOBS participants.

The report identifies four key functions of case managers: (1) assessment, (2) development of an action plan, (3) arrangement of necessary services for the plan, and (4) follow-up. States choose varying case management models, including generalist, specialist, or team models. Most states use the generalist model in which a single case manager takes responsibility for the entire period of client need. This model offers continuity of care and clearly identified responsibility. In the sequential specialist model, a case manager assumes responsibility for a specific period of time and then moves the client along to others for subsequent program activities. These case managers thus have the opportunity to become specialists in one area, but are limited in their ability to manage holistic care. A few states combine these two approaches in a team model. The report briefly discusses state and local JOBS options for subcontracting case managers from other entities. Most JOBS programs, however, use their own case managers.

The characteristics of case managers examined include education, experience, and salary levels. Other issues include caseloads, relations and coordination with other organizations, and service

duplication. Current caseloads are too high for effective intervention, and it appears they will increase. This suggests a need for more effective techniques, training, and higher salaries to attract qualified personnel able to ensure strong relationships with JOBS participants. Another challenge is to make case management work for the whole family. While case managers can offer a broad range of services, they receive little guidance or incentive for providing holistic service coordination.

Institute for Family Self-Sufficiency, American Public Welfare Association, Publication Services; 810 First Street, NE, Suite 500, Washington, DC 20002-4267; (202) 682-0100/Fax (202) 289-6555. (April 1992, 37 pp.; \$5.00, prepaid orders only, including postage and handling, \$3.00 members)

Ballew, Julius R.; Mink, George
Case management in the human services

Case management is a major tool used to implement service integration at the client level. This textbook incorporates new technologies with traditional approaches to helping clients. This generic model of case management emphasizes that a network of resources must be available, and it stresses the personal competence of the case manager—who has to motivate and change clients' attitudes, provide knowledge, and coordinate services. Since case managers are often new professionals in entry-level positions, with little training, the book targets the beginning case manager and university-level human service training programs, as well as staff development and orientation programs.

Case management is a process of engagement, problem assessment, planning, resource assessment, coordination, and disengagement. The book details each of these stages, discusses practice methods, and reviews issues for reflection. A variety of service systems provide examples of practice, many from the child welfare and mental health systems.

Charles C. Thomas, 2600 South First Street, Springfield, IL 62794-9265; (217) 789-8980. (1986, 350 pp.; \$54.00 plus \$3.50 postage and handling)

Behrman, Robert E.
School linked services

To facilitate students' optimal learning and growth experience, many schools around the country act as coordinators or as sites for services such as health care and social services. The structure and nature of the educational and social services systems, however, create significant challenges in coordinating these services. This issue of *The Future of Children* addresses the multiplicity of issues involved. An introductory analysis by the Center for the Future of Children identifies preliminary criteria and several issues that deserve more attention for the success of school-linked services.

Articles included are:

"Health and Social Services in Public Schools: Historical Perspectives"

David Tyack offers a historical examination of school-linked services in the United States. Goal displacement, entitlement, and lack of consultation with clients have created obstacles to quality services, and current perceptions of the appropriateness of providing nonacademic services in schools must be addressed.

"Overview of Service Delivery to Children"

William Morrill presents an overview of the human services delivery system. Two interactive trends in the 20th century have placed greater stress on the system: professionalization and specialization, and a growing demand for services. The article outlines the failures of the current system in serving families with multiple problems, and it presents components of reform.

"Look at Current School-linked Service Efforts"

Janet Levy and William Shepardson examine several types of school-linked models, although they believe promotion of them would be premature because of a lack of data on success. The article offers practical advice on designing a strategy, and it describes six current efforts.

"Financing School-linked Integrated Services"

Frank Farrow and Tom Joe outline the avenues to effective funding coordination. Current crisis orientation, categorical funding streams, and a lack of universal entitlement pose difficult barriers. The authors describe potential funding sources and suggest a new fiscal strategy in which to develop new service delivery patterns.

"Evaluation of School-linked Services"

According to Deanna Gomby and Carol Larson, evaluation is vital to determining the effectiveness and value of school-linked services. Their article describes previous evaluation efforts, discusses types of evaluation including process (formative) and outcome (summative), and explores the determination of design and the purpose of evaluation methods.

"Key Issues in Developing School-linked, Integrated Services"

Sidney Gardner addresses many nuts-and-bolts issues associated with designing and implementing school-linked services, such as planning, governance, information systems, and staffing.

"Getting Ready to Provide School-linked Services: What Schools Must Do"

Jeanne Jehl and Michael Kirst explore the implementation of school-linked services in the context of the schools' expanding roles, lessons from past efforts, and school reform, using the experiences of the New Beginnings program as a model. To be successful, reform efforts require both reform in internal school operation and in the school's interactions with the community.

"Concerns About School-linked Services:

Institution-based vs. Community-based Models"

According to Robert Chaskin and Harold Richman, school-linked services, or services linked to any institution, should be approached cautiously. The authors compare the benefits and problems of school-linked integrated services, and they advocate a community model instead. The community model avoids the organizational priorities and bureaucratic structures of school systems, and it allows children to be served where the greatest number of their associations are, in the community.

"Current Activity at the Federal Level and the Need for Service Integration"

Martin Gerry and Nicholas Certo review federal involvement in service integration and identify the categorical design of the system as a contributor to the ineffectiveness of previous efforts. They contrast previous top-down approaches with current efforts driven from the community level.

"Child Indicators: Dropout Rates for High School Students"

Eugene Lewit offers statistics on dropout rates for high school students and considers the implications for school-linked services.

The appendices offer confidentiality-related information and descriptions of evaluation efforts in 16 current initiatives.

The Future of Children, March 1992, 2 (1): 1-145. (Published by the Center for the Future of Children, The David and Lucile Packard Foundation, 300 Second Street, Suite 102, Los Altos, CA 94022; (415) 948-3696; free. Also distributed by the National Center for Service Integration's Information Clearinghouse, c/o National Center for Children in Poverty, Columbia University, 154 Haven Avenue, New York, NY 10032; (212) 927-8793/Fax (212) 927-9162; \$3.00 prepaid to Columbia University for postage and handling)

Beilenson, John

Balancing custody and care: A resource book for case management in juvenile detention systems

This resource book discusses the use of case management in juvenile detention services. Based on the experience of the New York City Department of Juvenile Justice, it describes why the department found case management to be a beneficial strategy in juvenile detention: (1) it establishes systematic care for children whose length of time in the system is uncertain; (2) it ensures continuity of care when a case is passed on from one to a different agency or detention center; and (3) it helps to set realistic and systematic goals, reducing staff frustration or burnout.

Several issues emerged in designing this case management strategy, such as justifying increased costs and finding meaningful data on individual and aggregate histories to guide the planning. The book also addresses the importance of evaluation and offers suggestions for expanding funds. More broadly, the department presents case management as a possible revitalizing tool for organizations and offers management strategies for implementation. The development of a broad-based mission instead of a programmatic orientation, shared leadership responsibility, periodic and critical examination of operational procedures, and the hiring and support of high quality staff are all management strategies that help ensure an easy transition and institutionalization of case management. An appendix includes

assessment forms, client interview materials, materials on goal setting, general case management guidelines, and service agreements.

City of New York, Department of Juvenile Justice, Attn: Dan Weiller, Director of Public Affairs, 365 Broadway, New York, NY 10013; (212) 925-7779 ext. 205. (2nd edition, 1987, 150 pp.; free)

Bruder, Mary B.; Deiner, Penny; Sachs, Sandy
Models of integration through early intervention/child care collaborations

The delivery of early intervention services within community child care programs offers a way to support the development of young children with disabilities and their families through the comprehensive, community-based, family-centered services envisioned by P.L. 99-457. In the states of Connecticut, Delaware, and Massachusetts, early intervention programs were developed within community child care settings using a combination of federal and state funds for numerous services. Although there were some differences in these projects, a number of issues recurred concerning service delivery, training, evaluation, and policy development.

In service delivery, tensions can result from the different funding traditions of intervention programs and child care. Early intervention programs generally have existed under state auspices with Medicaid reimbursement—with little or no cost to families. Child care, on the other hand, has been viewed as the financial responsibility of parents—with limited government support for families. Another service delivery issue concerns the quality of caregiving in child care programs. Poor program quality is particularly detrimental to the development of a young child with special needs. The demand for high-quality child care programs far exceeds the supply, however, and problems are exacerbated by high staff turnover. These three states recognize that some of their child care providers may not be offering high-quality care, and they have tried to offer consultation and support to providers.

Staff training is a primary component of early intervention/child care collaborative projects in all three states. Child care providers receive intensive

training regarding infants and toddlers with special needs. Early intervention staff receive training relating to their evolving roles as consultants to child care programs, and in team development and collaboration. Families of young children with disabilities receive training on basic intervention strategies, funding and reimbursement issues, and on developmentally appropriate goals and activities. These states also emphasize evaluation and policy development as integral to the long-term efficacy and usefulness of the early intervention/child care model. Delaware is investigating how to equalize caseloads among early intervention staff, taking into account child, family, and setting differences.

Zero to Three, February 1990, 10 (3): 14-17

Bruner, Charles; Carter, Judy L.
**Family support and education:
A holistic approach to school readiness**

In recent years the federal and state governments have exhibited a growing interest in programs for young children. This paper examines the rationale behind the growth, illustrates a number of these "family support and education" programs, suggests key points for legislators, and discusses potential federal funding. States have led the way in developing programs that reflect the need to cross categorical boundaries to serve a wide variety of needs. Several of these initiatives—Hawaii's Healthy Start Program, Iowa's Family Development Grant Program, Maryland's Family Support Centers, Minnesota's Early Childhood Education Program, Missouri's Parents as Teachers Program, and Illinois' Ounce of Prevention Fund—have common features that contribute to success.

One key feature has to do with appropriately trained and supervised staff. Programs must promote the development and support of "creative problem-solving" and "capacity-building" skills that are so vital to program success. Also, outreach activities must be persistent, patient, and creative, to reach the resistant families who are otherwise overlooked. These families need intensive support, without negative labeling, to ensure their participation. They seem to respond to individual home visiting combined with group activities.

National Conference of State Legislators. Distributed by Child and Family Policy Center, 100 Court Avenue, Suite 312, Des Moines, IA 50309; (515) 280-9027/Fax (515) 243-5941. (1991, 50 pp.; free)

Bruner, Charles

Thinking collaboratively: Ten questions and answers to help policy makers improve children's services

The needs of at-risk children are multiple, and they cross many categories. The current U.S. system of delivering services to children and families, however, is organized into discrete categorical programs that usually reflect professional disciplines and bureaucratic needs. This fragmentation in service delivery has prompted reformers to call for increased collaboration—so that the system can be restructured to reflect and better respond to the needs of children and families. This question-and-answer guide can help state and local policymakers consider how to foster local collaborations. The author views collaboration as a process and a means to an end, not an end in itself. Collaboration should take place at every level of organization, with collaboration at one level facilitating greater collaboration at others.

Most state-level collaborations represent one of three approaches. First-generation approaches are top-down efforts, with state policymakers directing agencies to plan together to address children and family needs and begin to establish key collaborative links at the state administrative level. Second-generation approaches support local collaborative initiatives with financing, guidance, and technical assistance, often through demonstration projects. Third-generation approaches build on the experiences of multisite demonstration projects to create comprehensive, collaborative initiatives that apply to all levels of organization throughout the state, further developing existing local leadership bases.

Education and Human Services Consortium, c/o IEL, 1001 Connecticut Avenue, NW, Suite 310, Washington, DC 20036-5541; (202) 822-8405/Fax (202) 872-4050. (April 1991, Series on Collaboration, 31 pp.; \$3.00 prepaid check or money order, including postage and handling)

Center for the Study of Social Policy
**Building a community agenda:
Developing local governing entities**

To provide integrated services, a new local governance entity is needed that can permanently consolidate leadership and decision making, negotiate new roles among service providers, and be able to continually reexamine whether services are improving outcomes for vulnerable children and families. Governance is the mechanism that collaborations use to coordinate communication, information sharing, and planning, together with redirected financing mechanisms and system performance evaluation.

The major need for new local governing systems grows out of a complex mixture of services authorized at federal and state levels—which do not give responsibility at the local level to manage these services as a system. Existing agencies operate in different and often contradictory ways, often because they have differing philosophies about the problems that affect vulnerable families. This is the case especially when they focus on only one family member as the cause of difficulties. According to the author, local communities must solve these problems by creating the planning, administrative, and monitoring mechanisms that will fuse together existing, but disparate, programs.

The new governing entity would use collaborative agreements to design and implement a new system. It would bring together local agencies, institutions, and individual citizens to focus on four basic functions: goal and strategy design, based on the most pressing community problems; development of more effective service capabilities to meet family needs; coordination of financing strategies to support services; and accountability concerning changes in child and family outcomes. The authors emphasize that, to have real change, a respected community organization must have "political ownership" of the new governing body.

Many issues need to be resolved: (1) auspice—the governing entity may be a new body or an existing collaborative body already functioning as a broad, community-based organization; (2) membership—the entity should include representatives from the organizations that currently have the authority, resources, and services that need coordination; (3) mandated responsibilities—a

government body, such as a state legislature, municipal council, or governor, mayor, or county executive must give formal approval to the collaboration, and the goals should be clear to the community; and (4) staff capacity—the staff should be skilled and sufficiently large to handle all components of the organization.

Center for the Study of Social Policy, 1250 Eye Street, NW, Suite 503, Washington, DC 20005; (202) 371-1565. (September 1991, 23 pp; \$7.50 billed, including postage and handling)

Center for the Study of Social Policy
**Leveraging dollars, leveraging change:
Refinancing and restructuring
children's services in five sites**

Three themes have guided the Center for the Study of Social Policy's work in restructuring and refinancing human services programs: (1) service delivery systems must cut across categorical boundaries if services are to prevent crises and be more responsive to human needs; (2) service systems must bring together funding streams from federal, state, and local levels of government; and (3) states must maximize the use of federal entitlement programs as a stable financial base for services and as a way of restructuring existing fragmented and illogical programs. This report presents five case studies of states' and localities' attempts to link interagency and intergovernmental financing with programmatic reform. The states are Tennessee, Georgia, and Kentucky, and the localities are Broward County, Florida, and Contra Costa County, California.

Refinancing can be a strategy for change by redirecting existing funds to match the goals and strategies adopted under programmatic reform. This helps overcome a significant barrier to reform—the fact that current expenditure patterns reinforce current service delivery patterns. Another reinvestment strategy is to maximize funding from federal programs such as AFDC, Medicaid, and Title IV-E (child welfare) of the Social Security Act. Expanded claims of legitimate federal entitlements can free up state and local funds earmarked for children's services reform. Many states do not claim their share of federal funds for foster care

and related child welfare activities and for Medicaid services. Unfortunately, reallocation and reinvestment do not always lead to programmatic reforms because they are used for budget deficit reductions. They may not resolve the system's cost inefficiencies, nor lead to a net gain for low-income clients.

In taking three steps toward restructuring and refinancing children's services, these five sites define the problem in terms of human outcomes, not in terms of single agency programs. The first step is to define problems broadly and to identify the agencies that can solve them in a way that leads to desired program and fiscal outcomes. The second step is to develop programmatic reform strategies that will prevent systemic problems before they become crises, to streamline the provision of services across multiple agencies, and to decentralize service delivery and bring it to the neighborhood level. The third step is to develop a fiscal strategy, through refinancing and maximizing federal funds, that supports programmatic reform.

Center for the Study of Social Policy, 1250 Eye Street, NW, Suite 503, Washington, DC 20005; (202) 371-1565. (September 1991, 27 pp.; \$7.50 billed, including postage and handling)

Chang, Hedy Nai-Lin; Gardner, Sidney L.; Watahara, Alan; Brown, Carnella Gordon; Robles, Rowena

Fighting fragmentation: Collaborative efforts to serve children and families in California's counties

This report, prepared jointly by staff from California Tomorrow and the Children and Youth Project at the University of California, Berkeley, documents a growing number of county-level efforts to improve services to children and families by facilitating collaboration among the agencies and the community groups providing services. These collaborative efforts share similar goals, but they vary widely in composition, scope, and intensity.

The report draws on a survey of 31 county-level collaborative bodies in California. It presents insights concerning the work of a broad spectrum of county networks and consortia. Activities include developing children's agendas, designing

budgetary and fund-raising efforts, devising inventories of spending for children, establishing annual outcome measures and children's scorecards, and conducting staff development and joint service delivery. The authors review recent California legislation that encourages county-level interagency collaboration. They conclude that the state should do more to show that collaboration is a priority and to revise statewide staffing and technical assistance procedures to be more supportive of county-level collaboration.

California Tomorrow and Children and Youth Policy Project, University of California, Berkeley. Distributed by California Tomorrow, Fort Mason Center, Building B, San Francisco, CA 94123; (415) 441-7631/Fax (415) 775-4529. (1991, 58 pp.; \$12.00 plus tax, 20% discount for 10 or more copies, prepaid or purchase orders only)

Chynoweth, Judith K.; Dyer, Barbara
Strengthening families: A guide for state policymaking

This guide, based on the experience of ten states, offers a practical approach to policy design that reflects the importance of the family in the development of children and society. It moves away from traditional categorical, symptomatic design toward a focus on realistic and logical assessments and outcomes of families.

The authors first suggest setting the context in which these policy decisions should be made. They emphasize the importance of examining basic issues surrounding the family, such as its definition and problems it might face. Policy strategists must document and assess these problems and then use the data to set goals and outcome-oriented objectives for both families and service systems. For guiding principles the authors use several state development strategies, stressing meanwhile that each state must recognize its own particular needs. Performance and policy accountability systems are vital to guiding this type of policy, and they help when used as management tools. The authors suggest ways to gain support for this type of policy initiative.

Council of Governor's Policy Advisors, 400 N. Capitol Street, Suite 390, Washington, DC 20001;

(202) 624-5386. (1991, 100 pp.; \$16.95, including postage and handling)

Dryfoos, Joy
Adolescents at risk

Successful early intervention with adolescents depends on identifying events or conditions prior to problem behaviors. In this book, the author examines the adolescent U.S. population, identifies high-risk behaviors and discusses their prevalence, examines successful programs for young people, and suggests service integration strategies to implement prevention activities. Adolescents who exhibit four high-risk behaviors—delinquency, substance abuse, teen pregnancy, and school failure—display certain common characteristics. These characteristics are: early demonstration of any of the four behaviors listed above; poor school performance; display of (or friendship with those showing) disruptive behavioral tendencies; having inattentive parents; and living in a disadvantaged neighborhood.

The identification of these characteristics suggests the possibility of early targeting and, thus, intervention. Notable intervention programs fall into three loose categories: early childhood and family, school-based, and communitywide/multi-component. Programs that have achieved success in dealing with high-risk adolescents are characterized by early, sustained intervention and comprehensiveness of treatment. The author suggests ways to create comprehensive adolescent services at the local, state, and federal levels.

Oxford University Press, 200 Madison Avenue, New York, NY 10016; (212) 679-7300 or (800) 451-7556. (1991, 288 pp.; \$14.95 plus postage and handling)

Edelman, Peter B.; Radin, Beryl A.;
 with a commentary by Gardner, Sidney L.
Serving children and families effectively: How the past can help chart the future

This report documents a 30-year effort to create more comprehensive and coordinated services.

Initiatives that seek to improve the structure of human service delivery have been hindered for three decades by overly optimistic expectations, overly harsh assessments of program effects, short-term views of long-term problems, and harmful and excessive rhetoric.

The authors review several early initiatives, such as the Community Action Program, Model Cities, multiservice centers and settlement houses, and Little City Halls. They argue that many of the current beliefs surrounding the 1960s programs are colored by the way these efforts were portrayed (even caricatured) in the 1980s. The debate about effective services thus became a polemic centered around three issues: the role of the federal government, money as a lever for change, and the search for a panacea.

The authors establish models for service integration in three categories: (1) service delivery and access, with efforts coordinated at the point where the client enters the system; (2) planning and resource allocation models that seek to intervene where budgets are formulated and top officials make determinations about service priorities; and (3) place-specific models where service designs target defined geographic areas.

Lessons learned from past initiatives can help guide larger-scale initiatives to serve children and families in the 1990s. These include the importance of modesty and humility, an awareness of limited resources, the needs for diversity and collaboration, the effects of complexity, and the need to build synergy. Additional lessons concern changes in funding streams, the use of outcome measures, the importance of planning and motivation, the need for changes in university-level practitioner training, the values of grass-roots leadership, and the importance of front-line workers, state roles, and mutual obligations.

Education and Human Services Consortium, c/o IEL, 1001 Connecticut Avenue, NW, Suite 310, Washington, DC 20036-5541; (202) 822-8405/Fax (202) 872-4050. (1991, Series on Collaboration, 23 pp.; \$3.00 prepaid, check or money order, including postage and handling)

Gardner, Sidney L.

Failure by fragmentation

Fragmentation, isolated programs, and a failure of communities to work together has brought despair to California's youth. This article explores the flaws and sources of a "program mentality" that ignores the underlying causes of problems and the relationships among them.

Genuine collaboration to address these issues entails several mutually necessary components, including: (1) the creation of a community process to plan a service system for children, youth, and families in which no new programs begin without the participation of existing programs; (2) the horizontal linking of all agencies serving the community; (3) the pooling of funding rather than categorization (to avoid turf fights); (4) the brokering of multiple services needed for clients by one agency or a cross-agency case manager; (5) belief that employers are important players; and (6) the publicizing of annual outcome measures to allow citizens to make political and agency leaders accountable for results.

The article briefly outlines the history of community-wide service integration—reflecting the turn-of-the-century immigrant settlement houses, the late 1960s Model Cities programs, and HEW's early 1970s Allied Services Act proposal. History teaches that collaboration must include a legitimate, communitywide planning process that is generated locally and enjoys strong leadership, that includes multiracial citizen and parent involvement, and that focuses on accountability.

Collaborative efforts must follow three escalating steps: "hooks," "glue," and "joint ventures." Hooks formally link a child's participation in one program to participation in another. Glue is the financial cement that supports planning, building information systems, and creating staff commitment; it allows one agency to subcontract to others, enabling children to receive help from several sources under one roof. Joint ventures are partnerships among agencies to raise funds for jointly operated programs, a strategy that prevents agencies from moving into other specialties without coordination. Descriptions of successful collaborations illustrate these points.

California Tomorrow: Our Changing State, Fall 1989, 4 (4): 18-25. (Published by California Tomorrow, Fort Mason Center, Building B, San Francisco, CA 94123; (415) 441-7631; free)

Golden, Olivia A.

Poor children and welfare reform

The author describes how welfare services are currently delivered and how case management and collaboration approaches can improve services for welfare recipients. Collaboration is defined as a collection of strategies that enable the human services delivery system to meet the multiple and complex needs of poor children and families that both cross service boundaries and need to be addressed simultaneously.

Seven service delivery agencies serve as examples to identify and detail many of the problems associated with traditional human service systems, including their focus on individuals rather than family-related services; poor entry points and inadequate outreach; discontinuity, gaps, and barriers in service delivery; fragmentation and isolation of services and providers; and a categorical organization of services.

Welfare agencies as well as service providers should address five key challenges if they are to serve children and families effectively:

- (1) They must adopt a broader and longer-term mission that seeks to change the lives of families, perhaps across generations.
- (2) They must engage in collaborations that try to link the multiple organizations serving children and families, and they must try to get past differences in organizations, external environments, staff backgrounds, substantive problems, and mission concepts. Successful collaboration requires resolving conflicts of mission, a considerable investment of time, the development of personal relationships, the identification of resources that each agency can offer others, and considerable local autonomy and flexibility.
- (3) They must improve outreach and intake to reach appropriate families, dedicating considerable time and attention to insuring a smooth flow through the eligibility system, and assuaging the isolation, mistrust, and lack of interest or motivation that characterizes some families.

Ways to do this include intensive, time-consuming personal outreach, with the empowerment of families enabling them to reasonably choose to enter or exit from the system.

- (4) They must provide personalized responsive services that ensure a flexible and trusting relationship between the agency worker and the family. Case management is a particularly effective way to link poor children with multiple needs to appropriate services. This discussion defines case management as a process where the service provider develops a relationship with an individual and helps link that client to many services across agency boundaries.
- (5) They must balance discretion and accountability. The flexibility and discretion that go with responding to a family's unique personality, strengths, and needs does not seem compatible with the accountability, predictability, and equity required of large bureaucratic human services organizations. Several approaches can provide flexible, responsive services, including a clearly stated mission linked to services for children and families that is apparent to political overseers; finding innovative ways to combine funding streams; and designing strategic organizational arrangements that best fit program needs and mission.

Greenwood Publishing Group, 88 Post Road West, P.O. Box 5007, Westport, CT 06881; 203-226-3571 or (800) 225-5800. (1992, 207 pp.; \$42.95 plus postage and handling). Executive Summary distributed by the Foundation for Child Development, 345 East 46th Street, Room 700, New York, NY 10017; (212) 697-3150. (1991, 44 pp.; free)

Halpern, Robert

Supportive services for families in poverty: Dilemmas of reform

This article explores the dilemmas of service delivery and reform by tracing the history of supportive, neighborhood-based services for poor families. Three unrelated factors constrain efforts to develop a coherent and responsive human services system: (1) Americans' ambivalence about the nature of and most appropriate response to family poverty, evidenced by categorical programs that actually

alienate poor families from mainstream life; (2) an inappropriate reliance on services to ameliorate poverty and its related problems, and an unwillingness to address underlying social and economic structures; and (3) the increasing specialization, centralization, and bureaucracy of the human services system.

The author presents a detailed history and analysis of neighborhood-based services from their 19th century roots in charity organization societies through the settlement house movement, the 1960s federal War on Poverty programs developed by the Office of Economic Opportunity, and HEW's 1970s service integration efforts. He finds that each wave of reform has faced greater challenges than its predecessors, contending with a more complex, inflexible, and fragmented human service system.

Repeated reform efforts have not brought about a more coherent or responsive service system. Service reform has been constrained not so much by a lack of good service models and approaches as by the lack of a coherent set of values to guide social problem-solving—and an unwillingness to go beyond services alone to reform political, civic, and economic institutions.

Social Service Review, September 1991, 65 (3): 343-364

Himmelman, Arthur T.

Communities working collaboratively for a change

Using the success of the Mid-Bronx neighborhood collaborative as an example, this working paper discusses the need for similar multisector initiatives. The author outlines the two basic forms a multisector collaboration can take—collaborative betterment and collaborative empowerment—and describes their basic activities and key components. The two models are not mutually exclusive, and, if modified, either can achieve increased or decreased community empowerment.

The collaborative betterment approach invites community participation in a process designed by institutions outside the community. This strategy offers the opportunity for policy change and service improvement, although long-term ownership

by the community typically does not occur. The collaborative empowerment approach originates in the community, and then gains support from outside institutions for community purposes. This model also can produce policy changes and service improvement, but it has a greater capacity to produce long-term community ownership.

The author offers tips to help balance community and external institutional priorities, although most programs do emphasize one over the other. An attachment suggests criteria and indicators for evaluating multisector collaborations in community-based development.

Prepared at The Hubert H. Humphrey Institute of Public Affairs, University of Minnesota, Minneapolis. Distributed by Arthur T. Himmelman, 1406 West Lake, Suite 209, Minneapolis, MN 55408; (612) 824-5507. (July 1992, 75 pp.; \$10 including postage and handling)

Hobbs, Lola J.

Tackling the confidentiality barrier: A practical guide for integrated family services

This report on how to manage confidential information across program lines describes publicly funded health, education, and social services programs in California. The report examines generic and interagency project needs for sharing confidential information, compliance policies and procedures, and core confidential record management requirements (and examples of interagency forms and agreements).

The author identifies barriers to productive and efficient sharing of confidential information, including statutes and regulations. One finding is that management operations, not actual confidentiality laws and regulations, can hinder the effective exchange of confidential information. Many confidentiality problems result from improper control and management of information, overly restrictive administrative interpretations of the law, and delayed development of automated record systems that can readily and properly communicate confidential information across program lines.

The appendices include citations of local, federal, and California statutes and regulations.

Department of Social Services, County of San Diego, Community Relations Bureau, Room 843, 1255 Imperial Avenue, San Diego, CA 92101; (619) 338-2860. (September 1991, 420 pp.; prepaid check payable to "The County of San Diego"—Report: \$6.50; Appendix A: \$9.00; Appendix B: \$11.50. Postage and handling included. Also available on diskette for \$2.65 per item.)

Joining Forces; American Public Welfare Association; Center for Law and Social Policy; Council of Chief State School Officers; Education Commission of the States
Confidentiality and collaboration: Information sharing in interagency efforts

This report explores approaches for sharing confidential information in interagency collaboration. Generally, organizations must share confidential information to ensure that people are receiving appropriate, comprehensive care and to avoid costly service duplication. Confidentiality restrictions extend beyond individual cases to the collection of the aggregate data required by interagency efforts for assessing community needs, identifying overlapping populations, determining short- and long-term program effectiveness, and enhancing cross-system accountability.

Informed consent is a means to address the legal and management issues related to sharing confidential information. An easily understood release form is critical to the responsible handling of client information. Informed consent must be compatible with relevant statutes, the form of information to which they pertain (i.e., documentary or oral), the conditions that apply to disclosure, and the penalties for violating statutes. The authors suggest that agencies discuss confidentiality issues after a substantial level of collaboration is already in place. They also stress the participation of high-level officials, clients, staff, legislatures, and judges to ensure the success of information-sharing provisions.

Education Commission of the States Distribution Center, 707 17th Street, Suite 2700, Denver, CO 80202-3427; (303) 299-3692. (January 1992, 54 pp., Document No. AR-92-1; \$6.00 prepaid plus \$2.50 postage and handling)

Kagan, Sharon L.

United we stand: Collaboration for child care and early education services

The author defines and discusses the rationale, process, and history of collaboration efforts in early child care and education. She argues that the social context from which collaborative efforts emerge significantly impacts their progress. Well-educated workers of postindustrial society, for example, require less supervision and more interaction with management. The evolution of an organization, in addition to changing values, turbulent markets, and an increasing complexity of service needs, all create an atmosphere that demands collaboration.

Organizations entering into a collaborative effort benefit from: (1) alleviation of problems caused by scarce resources; (2) broadening of problems addressed (and thus funding and domain issues); (3) service efficiency in actual need fulfillment and system reform; and (4) increased organizational productivity which results from the improved planning, motivation, communication, and innovation that are required for effective collaboration. All of these advantages foster increased commitment and belief in outcomes.

Theorists agree that an organization goes through typical stages on its way to collaboration, although they differ on the identification of the stages. The stages can include the formation of collaborators, the conceptualization of a policy statement and set of objectives, the development of a structure, implementation of programs, evaluation, and termination. Mediating variables, such as goal consensus, resource pooling and allocation, power and authority relationships, and flexibility, also affect the process.

To provide a greater understanding of the current heightened interest in collaboration in early childhood care, the author reviews early care and education in the United States. She examines specific collaborative efforts in their historical context, and outlines useful methods. Special education offers excellent examples of collaborative experience because of its extensive legislative grounding, its attention to families, and its well-documented past. The book addresses issues of practice, research, policy, and values concerning the future. An appendix describes relevant collaborative programs throughout the country.

Teachers College Press, c/o American International Distribution Corporation, 64 Depot Road, Colchester, VT 05446; (802) 878-0315. (1991, 168 pp.; \$23.95 plus postage and handling)

Kahn, Alfred J.; Kamerman, Sheila B.
**Integrating services integration:
An overview of initiatives, issues,
and possibilities**

This report delineates current services integration initiatives and prescribes ways to clarify the confusion, multiplicity, and overlap that have developed in the delivery of services to poor children and families. (They use the plural term "services" integration to indicate the multiplicity of services that need to be integrated.) The authors define services integration as a systematic effort to solve problems of service fragmentation and the mismatch between family needs and program capacities. They divide services integration efforts into two categories: (1) administrative restructuring or collaboration at the organizational level, and (2) case-oriented strategies at the service delivery level.

The authors review several decades of services integration efforts and describe developments within several categorical systems. They briefly trace services integration from the late 19th century (with its roots in charity organizations and settlement houses), through the 1970s initiatives launched by HEW Secretary Elliot Richardson, up to today's multiple, smaller-scale initiatives based in various service arenas—public child welfare and family social services, child mental health, early intervention services for handicapped infants and toddlers, health initiatives, school-based initiatives, and public welfare and employment programs.

The authors note that convergence in the field is now occurring on certain principles: (1) programs should be family-focused, holistic, community-based, consumer-oriented, comprehensive, culturally sensitive, and coordinated to provide a system of care; and (2) reform strategies should include efforts at the administrative level and in direct service delivery.

The authors call for a two-tiered strategy, which includes a national research and development initiative and an effective knowledge-sharing network. They also suggest a series of cluster ser-

vices to link different categorical systems. The three clusters could be: programs offering access to money and resources on a means-tested basis, services for adolescents, and services for families with children under 12.

National Center for Children in Poverty, Columbia University, 154 Haven Avenue, New York NY 10032; (212) 927-8793/Fax (212) 927-9162. (1992, 48 pp.; \$10.00 prepaid, including postage and handling; check payable to Columbia University)

Kirst, Michael W.
Changing the system for children's services: Building linkages with schools

The author calls for a complete overhaul of children's services to bring together public and private organizations to provide comprehensive services to needy children, adolescents, and parents—with schools at the center of coordination. Citing the consequences of fragmentation, including isolation of problems and "labeling," discontinuity of care, conflicting goals, disempowered youth, incomplete use of existing resources, and a focus on acute intervention rather than prevention activities, the author suggests ways to eliminate real and perceived barriers to collaboration.

More interprofessional programs should be created to expose potential front-line workers and policymakers to each others' problems and behavior. To build trust, diverse groups need situations in which to work together over a long period of time. Confidentiality issues can be dealt with in a legitimate way, without limiting the sharing of information. Careful study of existing categorical delivery systems reveals where changes are possible, often through the use of waivers. A formal information collection system should be based on collaborative goals and outcomes to be measured.

The author describes what a school-linked collaborative effort, using a one-stop shopping model, would contain (in terms of location, services, staff, and funding) if barriers could be eliminated. This would require a planning process of up to two years; allow for bottom-up and top-down processes simultaneously; include the "buy-in" of front-line workers and a needs assessment of the local school area; include parents and children in

all phases; treat the school as a partner, not the director; link the new services to other school restructuring initiatives; and create a new accountability system with data collection and incentives. The activities of the Minneapolis' Minnesota Youth Coordinating Board illustrate a school-linked program.

Middle managers, who can interpret central office policies, are of prime importance to successful school-linked service integration system implementations. School principals also play essential roles by organizing teacher participation and assuring access to other school staff. Start-up funding and ongoing financial resources from a variety of funding streams need to be redirected to one location. The author borrows the concepts of "hooks," "glue," and "joint ventures" from Sidney Gardner (cited above) to describe how financing can be an incentive to agency collaboration and client participation.

Council of Chief State School Officers, Suite 700, One Massachusetts Avenue, NW, Washington, DC 20001-1431; (202) 408-5505. (1992, 19 pp.; free)

Kusserow, Richard P.

Services integration: A twenty-year retrospective

The author examines the literature of federal service integration initiatives over the past 20 years, focusing on comprehensive initiatives that spanned different categorical programs. Federal initiatives studied include the SITO research projects, the Department of Human Resources proposal, the Allied Services Act proposal, the Integrated Projects Funding System, technical assistance efforts to state and local governments, the Partnership Grants program, Comprehensive Human Services Planning and Delivery System projects, Project SHARE, Title XX of the Social Security Act, the Access Services Program proposal, National Network for Coordinating Human Services, block grant programs, SIPP, and the Interagency Low-Income Opportunity Advisory Board. A companion report, cited below, describes and analyzes 13 community-level service integration initiatives targeted at multiproblem or "dysfunctional children" and families.

Service integration is a response to services that have become increasingly complex and specialized. Most integrated programs focus on the service provider at the point of delivery, and they link outreach and intake, using personnel and case management techniques. Administrative innovations, on the other hand, include coordinated planning, budgeting, and management. While federal initiatives have succeeded in making services more accessible and responsive to the needs of clients, they have had little institutional impact on a fragmented system.

Barriers to successful service integration initiatives include the size and complexity of the human services delivery system; the specialization, professionalization, and bureaucratization of service personnel and agencies; low levels of influence and support for service integration, including limited financing; and a lack of knowledge about the effectiveness and outcomes of previous efforts. Recognizing these problems, the author calls for new efforts that focus on a specific target population and operate by reform within categorical program areas—without attempting to generate major institutional changes. Flexible funding, a degree of central authority, definite goals, and plans for measuring outcomes should be included. (No "single" factor seemed to benefit or impede the projects studied.) Critical to new efforts is the development of networks of individuals working on service integration initiatives.

U. S. Department of Health and Human Services, Office of the Inspector General, 330 Independence Avenue, SW, Cohen Building, Room 5246, Washington, DC 20201; (202) 619-1142. (January 1991, 29 pp.; Document No. OEI-09-00580, free; mail orders preferred)

Kusserow, Richard P.

Services integration for families and children in crisis

Numerous initiatives have sought to integrate services for multiproblem children and families. This report describes 13 programs in nine states and the District of Columbia, the services they offer, the variety of methods they use, and the service delivery practices they employ.

The author outlines the organizational differences that exist among these efforts in several areas—in the impetus for integrating services, administration, size, funding sources, target populations, service locations, and staffing. Each agency uses some combination of the following approaches: case management, interagency agreements, co-location of services, co-eligibility procedures, and noncategorical funding. To overcome the many barriers to service integration, the agencies use such methods as discretionary funding, hiring dedicated staff, developing strong political leadership, and establishing relationships with other agencies.

Examining a survey of human services providers, the author found that the most common problems faced by clients involve substance abuse, lack of parenting skills, domestic violence, and inadequate housing. Most agencies believe that integrating services increases the initial costs—but eventually saves money by preventing costlier future social problems.

U.S. Department of Health and Human Services, Office of the Inspector General, 330 Independence Avenue, SW, Cohen Building, Room 5246, Washington, DC 20201; (202) 619-1142. (January 1991, 48 pp.; Document No. OEI-09-90-00890, free; mail orders preferred)

Levy, Janet E.; Kagan, Sharon L.; Copple, Carol
Are we ready? Collaboration to support young children and their families

The first of six educational goals set by the U.S. president and fifty governors in 1989 addresses the need for school readiness among all children in America. To realize that goal, which specifies as essential the availability of high quality and appropriate preschool programs, parental access to training and support, and adequate nutrition and health care, many institutional barriers must be eliminated. This expanded interest in and allocation of resources for providing child care to parents who cannot otherwise work, and in improving early education, poses new opportunities.

This report outlines the problems of the current early care and educational systems, offers ways to structure services more effectively, and

discusses major funding sources. In addition to improving quality and accessibility, the two systems must be united more productively. A collaborative approach might include agreement on a system-spanning vision of fundamental goals, implementation of a comprehensively supportive system, and coordinated utilization of already existing services.

Joining Forces. Distributed by the Council of Chief State School Officers, Suite 700, One Massachusetts Avenue, NW, Washington, DC 20001-1431; (202) 408-5505. (March 1992, 27 pp.; free)

Marzke, Carolyn H.; Chimerine, Carrie B.; Morrill, William A.; Marks, Ellen L.

Service integration programs in community settings

This paper, a companion document to a paper described below by Morrill, et al., *Selected Collaborations That Integrate Services for Families and Children*, contains case studies and a cross-site analysis of nine comprehensive programs for families and children located in several community settings, such as community-based organizations, schools, child development centers, housing projects, and the family home. The authors propose a typology for service integration programs that distinguishes between programs that are community-based and client-driven, and those that are institution-driven. Community-based organizations outside the public services delivery system sponsor programs in the first category by integrating services through informal links with other public and private programs. A public agency, or a consortium of public agencies, sponsors the second institution-based group; which seek to integrate services within the public service delivery system.

The community-based programs included in these two companion studies have demonstrated success in bridging eligibility gaps, maintaining flexibility in response to client needs, and maintaining a focus on the delivery of comprehensive services for families. These programs use private funds for services not covered by public programs, and they receive the support and participation of the community both as clients and in decision making. Even so, these programs are relatively

powerless in reducing fragmentation within the larger public services system—other than through informal brokering, coaching, and advocacy.

By contrast, institution-based programs have made more progress in coordinating the services of mainline public agencies. These initiatives nevertheless remain constrained because, while services from various agencies may be co-located, they are not necessarily integrated for a particular client or family, and eligibility requirements and funding streams remain attached to individual services. Also, out-posted staff, in some cases, remain accountable to their home agencies rather than to the effort as a whole.

Mathtech, Inc. Prepared for the U.S. Department of Education and the U.S. Department of Health and Human Services. Photocopy available from Mathtech, Inc., 5111 Leesburg Pike, Suite 702, Falls Church, VA 22041; (703) 824-0800. (1992, 90 pp.; prepaid \$13.50 plus \$3.00 postage and handling; check payable to Mathtech, Inc.)

Mattessich, Paul W.; Monsey, Barbara R.

Collaboration: What makes it work—A review of research literature on factors influencing successful collaboration

This report reviews 18 current research studies on collaborations in the fields of health, social science, education, and public affairs. Distinguishing among cooperation, coordination, and collaboration, the authors identify 19 key factors present in successful collaborations—including the community's historical efforts at collaboration, whether the collaborative group is seen as a leader by the community, and the political/social climate.

To be successful, collaborating partners need to show mutual respect and understanding, reflect an appropriate cross section of the community, see the collaboration as beneficial to their own interests, and have the ability to compromise. The collaboration should be structured so that members have a stake in both the process and the outcomes of the initiative. Multiple layers of decision making, clear roles and guidelines, and flexibility and adaptability are part of all processes. Communication must be open and frequent along formal and informal channels. The collaborating partners

should have concrete and attainable goals, a shared vision, and a unique purpose. Sufficient resources in terms of funding and skilled conveners must be available.

Examples of specific collaborations illustrate the practical application of these factors. A marketing workbook and a strategic planning workbook are also available.

Amherst H. Wilder Foundation/MSS, 919 Lafond Avenue, St. Paul, MN 55104; (800) 274-6024/Fax (612) 642-2088. (1992, 53 pp.; \$11.95 prepaid check, money order, or credit card, including postage and handling)

McCart, Linda

Developing innovative programs to support families

The Family Support Act of 1988 served as a catalyst for many new initiatives implemented by states and localities to promote family self-sufficiency. This report and its companion, *Investing in Family Self-Sufficiency*, described below, examine what is known about collaboration in developing these initiatives. The National Governors' Association solicited state and local policymakers and administrators for program descriptions, and they subsequently received information from 150 projects in 40 states. Each submission was reviewed and rated according to its significance, transferability, degree and quality of coordination, and uniqueness and creativity. The 45 programs highlighted here cover four areas of innovative approaches: management, service delivery, services for special populations, and job development.

National Governors' Association, NGA Publications, P.O. Box 421, Annapolis Junction, MD 20701; (301) 498-3738. (1992, 46 pp.; \$15.00 or set for \$25.00, prepaid or purchase order only)

McCart, Linda

Investing in family self-sufficiency

This companion document to *Developing Innovative Programs to Support Families*, described above, reviews research findings on what is needed

to help families achieve self-sufficiency, and it offers suggestions for implementing systemic reform throughout government to support effective state and local actions. The research suggests that successful self-sufficiency programs have the following characteristics: they see individuals as active partners rather than as passive recipients; they include a comprehensive family needs assessment, which extends from the initial contact through job placement; they include mechanisms such as case management and information and referral to help connect individuals with necessary services; they are comprehensive and flexible; they have clearly specified and measurable goals; and they include support services and job search assistance.

The report provides guidance on how to institute the type of systemic change that will support successful self-sufficiency programs. It discusses the need for planners to: (1) create new organizational environments and cultures through quality leadership, entrepreneurial approaches to governing, effective marketing, simplified and flexible financing, and quality staff training; (2) identify individual and family service needs, design a plan for addressing the needs, improve access by moving services closer to those who need them, and target services to those most at risk; (3) provide comprehensive services for populations with unique needs, particularly teenage parents; and (4) facilitate employment opportunities for low-income populations through self-employment programs, hiring incentives, training in nontraditional occupations, and employer surveys.

National Governors' Association, NGA Publications, P.O. Box 421, Annapolis Junction, MD 20701; (301) 498-3738. (1992, 41 pp.; \$15.00 or set for \$25.00, prepaid or purchase order only)

Melaville, Atelia I.; with Blank, Martin J.; Asayesh, Gelareh

Together we can: A guide to crafting community-based family-centered strategies for integrating education and human services

This "pro-family system" guide offers a rationale and tools for reconstructing service systems. The

report outlines some effective service integration characteristics—such as being school-linked, rooted within and planned for a specific community, closely connected to state government, data driven, and financially pragmatic. Successful initiatives empower the entire community and balance the political and technical dimensions of systems change. The authors caution that restructuring service delivery prototypes should be considered a means toward service integration and not its end.

The guide profiles four service integration initiatives that are community-based and school-linked. Walbridge Caring Communities in St. Louis, Missouri, focuses on strengthening value systems using an African credo that promotes unity, self-determination, collective work and responsibility, cooperative economics, purpose, creativity, and faith. Lafayette Courts Family Development Center in Baltimore, Maryland, brings an array of services to a major public housing project—among them services concerning employment and school readiness, and services designed to decrease dropouts, pregnancy, and drug addiction. New Beginnings in San Diego, California, acts as a broker for agencies offering public services for the whole family's needs; the collaborators work as equals and require consensus for decisions to be finalized. Youth Futures Authority in Savannah, Georgia, uses a comprehensive plan to deal with adolescent problems, working toward reduced youth unemployment, teen pregnancy, low achievement, and dropout rates, and stressing inclusion and involvement of both public and private agencies. Youth Futures Authority learned valuable lessons from early mistakes—such as the initial reliance on a top-down model which sought immediate, visible change.

The authors discuss the stages in a collaborative process: bringing the participants together, building trust and ownership, developing a strategic plan, implementation, replication, and system change. A checklist helps chart progress.

U.S. Department of Education, Office of Educational Research and Improvement and U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. Distributed by U.S. Department of Education, OERI, Attn: Susan Talley, 400 Maryland Avenue, SW, Washington, DC 20202; (202) 219-2129. (In press)

Melaville, Atelia I.; Blank, Martin J.

What it takes: Structuring interagency partnerships to connect children and families with comprehensive services

The current human services delivery system is crisis-oriented and insufficiently funded, and it has divided the problems of children and families into rigid categories that fail to reflect interrelated causes and solutions. The system also lacks the communication between agencies necessary for comprehensive solutions. The formation of collaborative partnerships on behalf of children and families can facilitate large-scale, high quality and successful comprehensive service delivery. Local schools, income support providers, health care agencies, child care providers, youth service agencies, and community-based organizations should all be included in the collaboration.

The essential elements for high quality, comprehensive service delivery include: a wide array of prevention, treatment, and support services; techniques such as repositioning or co-location of staff; "one-stop shopping" centers; case management to ensure that children and families actually receive the services they need; a focus on the whole family; the empowerment of children and families; and an evaluation of effectiveness based on the impact of services on children and families' lives rather than on the number of discrete units of services provided.

The authors suggest ways to implement interagency partnerships, and they describe the elements involved in launching successful collaborative efforts. Descriptions of 22 organizations that have engaged in interagency partnerships illustrate the common problems encountered and the variety of solutions possible through service integration.

Education and Human Services Consortium, c/o IEL, 1001 Connecticut Avenue, NW, Suite 310, Washington, DC 20036-5541; (202) 822-8405/Fax (202) 872-4050. (1991, Series on Collaboration, 55 pp.; \$3.00 prepaid, check or money order, including postage and handling)

Morrill, William A.; Gerry, Martin H.

Integrating the delivery of services to school-aged children at risk: Toward a definition of American experience and experimentation

These authors identify some of the concepts behind service integration. They illustrate examples of collaboration across the range of educational, health, and social services, and suggest future directions for research. The article asks ten crosscutting questions in service integration whose answers may be important to the success of collaborations.

These questions concern cost-effectiveness, sustenance of effort, increased organizational and professional complexities, the importance of case management to service integration efforts, the importance of co-location, assessing degrees of replicability, confidentiality, and information flows, how dropouts will be served if integration efforts are school-based, conflicts in eligibility rules, certification of providers resulting from integration efforts, and accountability.

U.S. Department of Education, Planning and Evaluation Service, Attn: Elois Scott, Room 3127, 400 Maryland Avenue, SW, Washington, DC 20202-8240; (202) 401-1958. (Feb 6, 1990, 24 pp.; free)

Morrill, William A.; Marks, Ellen, L.; Reisner, Elizabeth R.; Chimerine, Carrie B.

Selected collaborations in service integration

This report provides nine case studies of service integration in a variety of settings across the country. California's New Beginnings Program is an interagency collaboration of city, county, social service, education, and housing agencies, to provide a wide array of services. (See the New Beginnings Team document described below for a detailed description.) The Walbridge Caring Community Program in the St. Louis public schools features referrals, mandatory parent involvement, team assessments, and parent and teacher evaluations, with services delivered both at school and in the community. At Kentucky Integrated Delivery System in Owensboro a management team—a case manager and a home/school coordinator, as well as

a school principal—meets monthly to identify vulnerable families with young children who risk dropping out of school.

New Futures in Little Rock, Arkansas, combines service integration using case management methods and school restructuring. In Colorado's Family Resource Schools, based in six Denver elementary schools, a site coordinator representing the school works with a planning team made up of school staff, parents, and members of the community to decide on services for each site. Also in Denver, the social services department manages a county-based welfare reform effort housed in the JOBS program—the Denver Family Opportunity Program, which works with a parallel state effort. Other components include Family Connections, for families with children under five, and the GAN-NAS program, in which case managers work in Hispanic neighborhoods to identify service needs, determine eligibility, and coordinate services.

The Community Service Project in Portland, Oregon, began as a reaction to increasing gang violence in the public housing project of Columbia Villa. Portland's Student Services Centers, located in three middle schools, grew out of a districtwide campaign to lower the dropout rate. In Evansville, Indiana, the Community Attendance Resource Team uses the concept of individual education plans, originally created for handicapped students, to develop plans for children having school attendance problems—a population likely to be vulnerable to other problems.

Each case study describes the program model, objectives, sponsors and providers, planned or provided services, project status, funding, location of services, and features of the delivery system (including governance, eligibility, accountability, case management, staffing, data management, confidentiality, and evaluation plans), as well as lessons learned to date, and implications for a national demonstration program. (See Marzke, et al., for a companion volume.)

Mathtech, Inc. Prepared for the U.S. Department of Education and the U.S. Department of Health and Human Services. Photocopy available from Mathtech, Inc. 5111 Leesburg, Suite 702, Falls Church, VA 22041; (703) 824-0800. (February 1, 1991, 70 pp.; prepaid \$10.50 plus \$3.00 postage and handling; check payable to Mathtech, Inc.)

National Assembly of National Voluntary Health and Social Welfare Organizations **The community collaboration manual**

This manual offers systematic guidelines for each stage in the collaborative process. It is designed for use by a collaborator on any organizational level, and it can be used at various points in the collaborative process. The discussion begins with an overview of collaboration, progresses through the formation of a collaborative, and examines options for structure and activities. The manual presents strategies to minimize barriers, and makes suggestions for managing problems when they materialize. More targeted topics are aimed at communities already involved in collaboration—such as securing the involvement of youth, business, and the media. Appendices contain materials on youth participation, leadership, bylaws development, objectives setting, and evaluation.

National Assembly of National Voluntary Health and Social Welfare Organizations, 1319 F Street, NW, Suite 601, Washington, DC 20004; (202) 347-2080. (January 1991, 76 pp.; \$10.95 plus \$1.50 shipping and handling)

National Association of Public Child Welfare Administrators; State Mental Health Representatives for Children and Youth

The child welfare/children's mental health partnership: A collaborative agenda for strengthening families

This report discusses the results of a joint study that focused on increased collaboration between mental health services and child welfare. The report reviews the backgrounds of U.S. child welfare and mental health systems, from turn-of-the-century interventions to current programs and legislation such as CASSP and P.L. 99-457. The discussion covers various aspects of service coordination, including legislative initiatives, definition of target populations, interagency agreements, funding streams, shared database design, and evaluation methodologies. The report contains a brief review of innovative programs that aim to integrate related services such as child welfare and mental health.

Florida Mental Health Institute, Research and Training Center for Children's Mental Health, University of South Florida, Attn: Yvonne Johnson, 13301 Bruce B. Downs Blvd., Tampa, FL 33612-3899; (813) 974-4433. (June 1991, 39 pp.; free)

National Association of State Boards of Education

Caring communities: Supporting young children and families

Policymakers must extend the definition of school readiness beyond academic knowledge to include physical health, self-confidence, and social competence. Parental guidance and support alone do not ensure school readiness. Rather, it is shaped by communities, environments, and early childhood programs.

This report recommends four steps to build a supportive community. First, to build public awareness and create a forum for action, community leaders must lead in planning and implementation by initiating a community assessment. Second, federal policymakers must restructure policy and funding to increase resources and empower communities, while being sensitive to variations in community needs and resources. Third, state governments should improve access to health services, expand family support, and set standards for program quality, staff and training, and coordinating federal efforts. (Local service systems need the flexibility and coherence of state and federal mandates.) Fourth, local business and voluntary agencies must support families by influencing policy and company practices on parental leave, flexible work schedules, family education, and adequate fringe benefits, and by offering such services as facilities and leadership training to the community. In detailing the four steps, the report uses examples from existing programs.

The paper offers several key points for legislators interested in a more holistic approach to understanding potential funding sources and the manner in which they can be accessed to plan and improve comprehensive services. The authors define entitlement options and significant federal appropriations, identify organization contacts, and provide a selected bibliography.

National Association of State Boards of Education, 1021 Cameron Street, Alexandria, VA 22314; (703) 684-4000. (December 1991, 56 pp.; \$10.00, including postage and handling)

National Commission to Prevent Infant Mortality

One-stop shopping: The road to healthy mothers and children

This report describes the barriers to gaining access and coordinating health and social service programs, discusses methods for connecting programs systematically, and presents examples of several one-stop shopping programs. Several steps are necessary to design a one-stop shopping strategy, including developing strong leadership, simplifying the route to services, building bridges to other organizations, and developing a system's capacity for coordination.

For example, a program can shorten application forms, develop joint application forms, expedite eligibility determinations, computerize applications and client records, and extend outreach programs through public awareness campaigns, home visits, and outstationing eligibility workers. Case management and interagency agreements can accommodate family needs, and a one-stop shopping plan can build a service delivery system's capacity to ensure an adequate supply of providers and ongoing service delivery sites.

National Commission to Prevent Infant Mortality, Attn: Mia Almond, 330 C Street, SW, Room 2014, Washington DC 20201; (202) 205-8364. (April 1991, 40 pp.; \$9.00 prepaid, including postage and handling)

National Health/Education Consortium
Crossing the boundaries between health and education

Believing that children must be healthy to be educated, and educated to be healthy, a group of expert researchers and practitioners from the fields of health and education have created NHEC. This paper summarizes the group's initial symposium and includes six key points: health affects education; education affects health; technological

advances are not enough; families have a critical role; "at risk" does not mean doomed; and system changes are needed.

The paper also outlines the future agenda of the NHEC, which is designed to provide a forum for the development of strategies to integrate health and education policies for children.

National Commission to Prevent Infant Mortality and Institute for Educational Leadership. Distributed by the National Commission to Prevent Infant Mortality, 330 C Street, SW, Room 2014, Washington, DC, 20201; (202) 205-8364. (May 1990, 32 pp.; \$9.00, \$4.50 for consortium members, including postage and handling)

**National School Boards Association
Link-up: A resource directory—
Interagency collaborations to help
students achieve**

This guide describes 171 interagency collaborations. The projects are organized by service category and are cross-indexed by target population, school district, and state. For each project the directory provides the following information: name, target group, project description, location, sponsor and school involvement, funding sources, and program and school board contacts. The directory includes sample interagency agreement forms and an introduction to collaboration.

National School Boards Association, P.O. Box 630422, Baltimore, MD 21263-0422; (703) 838-6722/Fax (703) 683-7590. (1991, 114 pp.; \$18.00 plus \$3.50 postage and handling, billed or prepaid; \$15.00 for members and affiliates; 15% discount, additional copies; sales tax for Virginia residents)

**New Beginnings Team
New Beginnings: A feasibility study
of integrated services for children
and families**

This report documents the design and planning phase of the New Beginnings collaboration, and lays out future plans. Formed in 1988, New Beginnings is a collaboration between the City and

County of San Diego, California, San Diego Community College District, and San Diego City Schools. It has built on previous interagency projects concerning children, youth, and families, many of which shared common clients, needed to know about the services and resources of the other agencies, had service gaps but also duplicated services, and were financially constrained.

The collaboration began with a feasibility study to see if a coordinated services center, attached to a multiethnic school site, could eliminate bureaucratic barriers and improve access to family support services. Several questions drove the study. How many families obtained services from county, city, or community-based agencies funded by the county or city? What were the services? Were clients eligible for additional services? Could a relationship be shown between the academic and social well-being of children and their family's use of social and health services? What barriers prevented the family's receiving help in the present system? Can services be integrated and cost-effective as well as more responsive to family needs in similar neighborhoods?

The study found that families lacked awareness of services and their eligibility for them. Also, the families had to go to several sites to solve single as well as multiple problems, repeating their life history at each, and starting all over if they moved out of the area.

A series of conclusions emerged that centered on improving the delivery of services. Based on this analysis, New Beginnings proposed a major restructuring and reallocation of public money to create an interagency system based in a separate building at the Hamilton Elementary School site. School personnel will act as referral agents and be part of the system, receiving training and serving as part-time collaborative staff. Both direct services and referrals will be handled on-site, including selected preventive health services, school registration for special programs, and some treatment. An extended team, made up of staff in appropriate agencies, will concentrate on helping families in the Hamilton school district.

The report's appendices cover related research, budget and donated services, the forms and materials used in the feasibility study, parallel reforms that are needed, and ways to overcome the "Sinatra" factor (wanting to do it "my way").

San Diego City Schools, Office of the Deputy Superintendent, Education Center, Room 2248, 4100 Normal Street, San Diego, CA 92103-2682; (619) 293-8686/Fax (619) 293-8267. (July 1990, 46 pp.; \$6.00; separate volume of appendices, 109 pp; \$2.00; prices include postage and handling)

Nordyke, Nancy

Improving services for young, handicapped children through local, interagency collaboration

Specific organizational plans and procedures help in coordinating services for handicapped children. Five types of service delivery problems challenge the agencies: inequity of service availability, service gaps, and insufficient demographic information, policy control, and resources.

To overcome these problems, the author advocates interagency collaboration on all levels. Policy efforts should be coordinated at the federal and state level, while service delivery must be integrated at the local level. Collaboration must take place both laterally between agencies and vertically between state, local, and federal agencies. Six types of service integration linkages are useful: fiscal; personnel and staff; planning and programming; administrative support services such as record keeping; core services including outreach, intake, and diagnosis; and case coordination.

Since no data exist on the cost-effectiveness of interagency collaboration, a group should not expect costs to decrease in the short term. Caution is also in order when many agencies are involved, because coordination can sometimes be counterproductive to goals. In such cases, planners should consider dividing a large group into subgroups. Some agencies avoid collaboration because of cost, territorial issues, and individual personalities.

Suggestions for effective coordination planning recognize the equality and diversity of the agencies, the professionals, and the organizations who are asked to participate. Contributions should be solicited from all individuals who are directly involved, and also from those who are not—particularly influential people in the community. The author also suggests that groups seek funding to hire an independent coordinator who can maintain and move an interagency group forward.

Topics in Early Childhood Special Education, April 1982; 2 (1): 63-72

Ooms, Theodora; Owen, Todd

Coordination, collaboration, integration: Strategies for serving families more effectively

PART ONE: The federal role, background briefing report and meeting highlights

PART TWO: State and local initiatives, background briefing report and meeting highlights

PART THREE: Service integration and coordination at the family/client level: Is case management the answer?

Reform efforts aimed at increasing collaboration and service integration have themselves suffered from disorganization and fragmentation. The authors describe some of the service problems that reform should remedy, and they examine the reform process by looking at different strategies, both proposed and implemented, to make services more accessible to families.

Taking their information from a series of Family Impact Seminars, in Part One the authors discuss objectives and justifications for reforms and summarize earlier efforts at service integration (such as SITO research projects, SIPP, and Project SHARE). This report describes key issues that are emerging as service integration development progresses, particularly those surrounding implementation, confidentiality, funding structures, accountability, and evaluation. It lists current national legislation and public and private organizational initiatives related to integrated services reform.

Part Two, focusing on state and local initiatives, identifies four crosscutting themes: (1) family and community empowerment—marked by an increase in the decentralization of policymaking power and responsibility as states and localities assume more responsibility for planning and implementation; (2) clarification and assessment outcomes—with an emphasis on identifying and assessing client-centered rather than provider-centered program outcomes; (3) systems thought—which entails the gradual adoption of a broader and more complex conceptualization of the multiple

factors that influence individual and family needs and the many interrelated resources required to address them; and (4) collaborative action—the assumption of shared responsibility that cuts across traditional professional, organizational, and bureaucratic boundaries.

The authors describe state and local organizational strategies, and they identify new legislative, executive branch, and quasi-governmental structures which are helping to facilitate reform. They also include examples of other governance entities and their effects on service integration reform. The report details current statewide family and child reform initiatives and gives examples of programs in individual states.

Building on the earlier volumes, Part Three, on community-based service integration, examines case management as a possible key to offering effective, coordinated care for families. This report outlines the definition, goals, and activities of case managers, reviews the use of case management in various categorical program areas and populations, and summarizes emerging issues.

Case management strives to balance the client-centered goal of improving service access, coordination, and quality, with the system-centered goal of improved accountability and cost effectiveness. There are three main design models: the single case manager implementing most functions; sequential case management where responsibility for client care moves among staff as the client moves through the system; and an interdisciplinary team consisting of one leader plus various types of specialists who serve the client collectively.

The ways case management is used in various populations are discussed, such as in welfare reform, long-term care for the elderly, families with children who have severe emotional disturbances, children with disabilities, and the Comprehensive Child Development Program. Striking differences in the way that case management is implemented emerge, posing questions for future consideration and study.

Family Impact Seminar (FIS), American Association for Marriage and Family Therapy, Research and Education Foundation, 1100 Seventeenth Street, NW, Suite 901, Washington, DC 20036; (202) 467-5114. (Part One: Sept. 27, 1991, 38 pp.; Part Two: Dec. 6, 1991, 36 pp.; Part Three: April

24, 1992, 51 pp.; \$10.00 each prepaid, including postage and handling)

Pizzo, Peggy Daly

Whole babies, parents and pieces of funds: Creating comprehensive programs for infants and toddlers

A "whole baby" approach to child care views an infant as a human being whose physical, cognitive, emotional, and social needs cannot be approached as separate domains of development. The challenge for early childhood services is to deliver family-centered rather than provider-centered or even child-centered services. In the family-centered approach, the family and parents are the most important persons in a child's life; this approach strives to motivate and empower the parents to improve the skills they need to be confident nurturers and effective advocates for their children.

The author outlines five sources of federal funds that can make child care programs more comprehensive:

- The Family Support Act provides open-ended funds for child care for every AFDC-eligible child whose family meets certain conditions.
- Title XX child care funds enable states to draw down limited federal funds to help them provide social services for any family currently eligible under both federal and state policy. Child care providers typically participate in Title XX by negotiating a purchase-of-service contract with the state administering agency, through which placements for a defined number of eligible children are assured.
- Medicaid eligibility has expanded recently so that more children are eligible for a full range of preventive health, medical care, and case management services. Medicaid funds immunizations, physical examinations, and health assessments, as well as broader case management services under Optional Targeted Case Management and under EPSDT.
- The U.S. Department of Agriculture Child Care Food Program offsets the costs of purchasing, preparing, and serving nutritious food to infants and toddlers.
- P.L. 99-457 encourages states to help identify and provide early intervention services to infants

and toddlers with special needs, who are enrolled increasingly in child care programs.

Zero to Three, February 1990; 10 (3): 24-28

Schorr, Lisbeth B.; with Daniel Schorr
Within our reach: Breaking the cycle of disadvantage

This book explores the factors that make programs serving disadvantaged children and families successful. Describing the high cost of potentially harmful outcomes for children born poor, and the interaction among numerous risk factors, the author asserts that effective, previously documented interventions can reduce risk factors. She describes and analyzes 17 programs in the fields of family planning, prenatal care, child health, child welfare/family support, child care, and preschool/elementary school education, all of which have lowered risks and improved outcomes for children.

Quantitative data and other kinds of information from theory, research, and experience can help determine the effectiveness of programs. All of these successful programs feature: (1) a broad spectrum of services; (2) a blurring of traditional professional and bureaucratic lines; (3) flexible program structures and staff who exercise discretion; (4) positioning the child in the context of family and the community; (5) professional staff whom clients can trust and feel are responsive to their needs; and (6) coherent, continuous services that are easy to access. The best intensive interventions, the author concludes, tailor their services to respond to the distinctive needs of those children at greatest risk.

Anchor Books, 666 Fifth Avenue, New York, NY 10103; (800) 223-5780. (1989, 432 pp.; \$9.95 plus postage and handling, discounts available)

Schorr, Lisbeth B.; Both, Deborah;
Copple, Carol
**Effective services for young children:
Report of a workshop**

This document reports on the 1990 Workshop on Effective Services for Young Children sponsored

by the National Research Council's National Forum on the Future of Children and Families. It summarizes the workshop deliberations and background papers by key presenters. Topics include attributes of effective services; lessons from the past and suggestions for the future; strategies to encourage systems change, including new financing techniques; the role of training and technical assistance in the promotion of more effective services for children; active collaboration and coordination across professional bureaucratic boundaries; and using outcomes as tools to provoke systems change and to ensure accountability.

National Academy Press, 2101 Constitution Avenue, Box 285, Washington, DC 20055; (202) 334-3313 or (800) 624-6242/Fax (202) 334-2451. (1991, 116 pp.; \$19.00 plus \$4.00 postage and handling)

Schrag, Emily
Sensitivities, skills, and services: Mental health roles in the implementation of Part H of P.L. 99-457: The Education of the Handicapped Act Amendments of 1986

This report summarizes the discussions at a workshop sponsored by CASSP to address questions on the implementation of Part H of P.L. 99-457 (The Individuals with Disabilities Education Act: Part H—The Education of the Handicapped Amendments of 1986). The topics include: the population of infants and toddlers who should receive mental health attention and services through P.L. 99-457 and other programs; the elements of a continuum of mental health services; and possible roles and responsibilities for mental health professionals and agencies serving infants, toddlers, and their families within the Part H framework.

Part H serves four groups of infants and toddlers: those who experience or are at risk of physical, cognitive, or sensory developmental delays; those with diagnosable mental health disorders; those who are experiencing or are at risk for delays in psychosocial or social/emotional development; and those living in multirisk families. Five service levels form a continuum of mental health care: mental health promotion, preventive/proactive

care, supportive care, supplemental care (such as day care and therapy for family members), and substitute care (short- or long-term inpatient care).

Several components of Part H show potential for service integration initiatives. The Individualized Family Service Plan, which includes case management, offers a multidisciplinary team the opportunity to jointly evaluate prospective clients. The Comprehensive Child Find System allows professionals in various capacities to identify children who need more comprehensive services. A public awareness program informs the public of the need for and availability of a wide range of programs. A Central Resource Directory includes information on early intervention services, resources and technical assistance availability, and research and demonstration projects conducted in the state. Personnel Development and Standards for Training give frontline practitioners skills and knowledge about infants' and toddlers' physical, cognitive, motor, sensory, social, and emotional development.

The author concludes with questions intended to guide Part H implementation. Appendices contain lists of organizational resources, summaries of the new laws, a list of the workshop participants, a list of Part H lead agency contacts, and a summary report from CASSP.

Child Development Center, Georgetown University, 3800 Reservoir Road NW, CD-52 BLES Building, Washington, DC 20007; (202) 687-8635. (July 1988; \$5.00, including postage and handling)

Smith, Sheila; Blank, Susan; Collins, Ray
Pathways to self-sufficiency for two generations: Designing welfare-to-work programs that strengthen families and benefit children

This report examines the capacity of the welfare-to-work program established under the JOBS provisions in the Family Support Act of 1988 to address the dual goals of economic self-sufficiency for adults, through education and job training, while maintaining the healthy development of children. The report presents the basic elements of frontline practice in a two-generation intervention meeting the multiple needs of families. Options for program design, profiles of JOBS efforts, and

information about available resources are also included.

The JOBS program includes services essential for a two-generation program: education, skills training, and job readiness activities; child care while parents participate in JOBS and for one year after leaving AFDC for work; transitional Medicaid benefits for one year after leaving AFDC; and case management and service coordination that link children and families to other needed services. Other basic elements of a two-generation intervention include assessments of child and family needs and services that strengthen parenting.

In-depth profiles of eight innovative JOBS initiatives highlight planning at the state and local level; illustrate service linkages between JOBS and programs for children and families such as Head Start, child care resource and referral services, EPSDT, and family literacy programs; and present strategies for serving teenage JOBS participants.

Foundation for Child Development, 345 East 46th Street, Room 700, New York, NY 10017; (212) 697-3150. (1992, 103 pp.; free)

Soler, Mark; Shaffer, Carole
Fighting fragmentation: Coordination of services for children and families

This article focuses on the coordination of services to children and families, particularly mental health services. It describes CASSP and two coordinated mental health programs, the Willie M. program in North Carolina, and a program in Ventura County, California. The National Institute of Mental Health sponsored CASSP as a way to improve service delivery to children with serious emotional disabilities. CASSP focuses on changing the way services are delivered rather than developing new methods of treatment. It offers direct grants to state or mental health agencies to improve systems of care and to integrate services, technical assistance, research, and evaluation. The contributions of the Willie M. program and the California program, both based in the juvenile justice system, are described in more detail in the following citation

Several characteristics are associated with successful effective coordinated service programs. First, these programs share general system values,

such as a clear value statement, a family-centered orientation, broad community participation, and involvement of the educational system. Second, their operations include an accessible intake system, evaluation of all needs at intake, case management, individual and family service plans, and dispute resolution. Third, the ability to provide quality coordinated services necessitates high quality individual services and flexibility in funding. Fourth, a coordinated service program needs a good information system to measure effectiveness, maintain financial accountability, and accumulate data for reporting. This system should cut across agencies and ideally be the same system for all agencies involved, with identical or compatible intake forms, computer programs, and reporting formats.

Nebraska Law Review, 1990; 69 (2): 272-297

Soler, Mark

Interagency services in juvenile justice systems

Three interagency efforts in the juvenile justice system are described here: the Willie M. program for violent and seriously disturbed youth in North Carolina; the case management and family preservation programs instituted by the Department of Juvenile Justice in New York City; and California's Ventura County Children's Demonstration Project.

In 1979 a class action law suit, *Willie M. vs. Hunt*, was filed on behalf of children with long histories of delinquent behavior and placement failures who needed intensive therapeutic services in community-based programs; previously they had been assigned to ineffective institutional placements. As part of the settlement of the landmark suit, the Willie M. program was established to provide complete "systems of services" for Willie M. children in North Carolina. The "systems of services" theoretical concept had to be translated into a practical program with the following components: a full range of services, from highly restrictive to those approximating normal family living; services provided in the children's own communities—to maximize family involvement and reintegration into the natural environment; linkages among various components of the juvenile justice system as well as with other children's service sys-

tems; flexibility in funding and decision making; a solid management structure; and individualized treatment and educational planning through broadly defined case management. Subsequently, the use of institutional placements decreased, and community-based placements increased. The Willie M. case management structure and the management information structure, which utilizes computerized cost reimbursement, now serve as national models.

The New York City Department of Juvenile Justice used a case management system to revitalize a demoralized and chaotic juvenile detention system (see Beilenson above). Following the successful use of case management in secure detention facilities and in Aftercare (the follow-up program for children who have returned home), the department initiated Family Ties, an intensive four- to six-week family preservation program, to strengthen families and avert court-ordered placements in state institutions. Here an individual worker provides advice, counseling, crisis intervention, and stress management in the home to address needs such as employment, education, and child care.

In 1985 the California legislature selected Ventura County to develop a comprehensive, coordinated mental health system that could be replicated in other counties. Designed for mentally disordered children in the county's juvenile justice system, the project's interdisciplinary screening committee reviews each case and makes a specific recommendation for placements ranging from traditional institutions to home, and a corresponding service plan. The project has reduced commitments to state correction institutions, decreased the number of arrests and days of incarceration, lowered incarceration costs, and reduced recidivism.

The author concludes with a comprehensive list of components of successful coordination programs. He also describes a need for more research on what works, why, and under what circumstances, and identifies policy and research issues specific to developing interagency services for children and youth in juvenile justice systems.

*Macmillan Publishing Company, 100 Front Street, Box 500, Riverside, NJ 08075-7500; (800) 257-5755. (Chapter seven in *Juvenile justice and public policy: Toward a national agenda*, edited by Ira Schwartz, September 1992, 88 pp.; \$35.00 plus \$3.50 postage and handling)*

State Reorganization Commission
**Services Integration Pilot Projects:
An evaluative report from Arizona,
Florida, Maine, Oklahoma,
South Carolina**

In May 1985 the states of Arizona, Florida, Maine, Oklahoma, and South Carolina received multiyear grants for service integration demonstration projects. Federal funding mandated that each project satisfy nine different components: (1) a service taxonomy, or common set of terms; (2) a common resource directory; (3) a unified budget and budgeting process, as well as a unified accounting system; (4) unified planning needs assessment and evaluation of all the human services programs; (5) co-location of services; (6) uniform eligibility and application procedures for clients; (7) communication linkages among the various agencies; (8) standardized procedures to purchase services; and (9) a comprehensive family profile for each client which could be used for all the agencies.

This document compiles reports from the five states and includes background information, the process by which states were selected for the project, and the barriers and challenges the states faced. Although the service integration goals were consistent across the five states, the initiatives took different forms in each state, and no state implemented all nine requirements. Arizona's Community Services Integration Project was most concerned with developing self-sufficiency among low-income families. Florida's Unified Administrative Systems Project targeted the elderly. Maine's Services Integration Project focused on the needs of pregnant and parenting teenagers. The Integrated Services Project in five Oklahoma counties emphasized increasing the self-sufficiency of families in crisis, including non-AFDC families who were in danger of increased dependence on the system. South Carolina's pilot sites each addressed different problems and populations ranging from at-risk teenagers to the deinstitutionalized elderly.

State Reorganization Commission, 1105 Pendleton Street, Suite 228, P.O. Box 11949, Columbia, SC 29211; (803) 734-3152. (September 1989, 86 pp.; \$4.00 plus \$2.00 postage and handling)

United States General Accounting Office
**Integrating human services: Linking
at-risk families with services more
successful than system reform efforts**

This report characterizes past service integration approaches used by various levels of government, identifies the barriers to integrating service delivery, and offers future policy options. An examination of the process and program outcomes of past governmental efforts suggests two categories of effort: service-oriented and system-oriented. Of the two, service-oriented efforts, which strive to link clients to existing services more efficiently, have reached their goals more successfully. Ambitious system-oriented efforts, which have tried to create new, more comprehensive delivery systems, have been unable to sustain support and resources.

System change efforts have not created new organizational structures or developed common service plans. Nor have they maintained political support or reached agreement on programming issues. Service-oriented initiatives, however, have been able to reach agreement between service providers on goals and the need to coordinate, and on creating a new administrative structure. Their narrow focus and simpler tasks are typically locally and voluntarily led. This report reviews examples of both types of efforts using Project Head Start, Part H of P.L. 99-457, and an Annie E. Casey Foundation child welfare initiative to illustrate the findings.

After examining the obstacles and successes of these efforts, the authors advocate the use of more realistic service-oriented strategies. They caution against potentially beneficial, yet risky system change efforts because of obstacles and the unlikelihood of sustaining support over time. Appendices summarize past federal efforts and describe specific service integration programs.

U. S. General Accounting Office, P.O. Box 6015, Gaithersburg, MD 20877; (202) 275-6241. (1992, 59 pp.; Document No. GAO/HRD-92-108, 1st copy free, additional copies \$2.00 each)

United Way of America

Standards for success: Building community supports for America's children

Mobilizing local groups to form a broad-based coalition focusing on children's needs can successfully improve the lives of vulnerable children and families. Existing data show which supports and services "work" to foster healthy development in young children and youths. Drawing on the "Success by Six" initiative piloted by the United Way of Minneapolis, and a review of other experiences and research on effective coalitions, this document describes standards that relate to several issues: what constitutes a child's well-being; what is needed to ensure healthy physical, social, psychological, and educational development; how coalitions should organize to be effective in terms of policy issues in general and programs for children and families in particular; and indicators available in the community to measure child well-being. The standards cover the full range of activities needed in the formative, planning, action, and evaluation stages of service integration efforts, and each standard is illustrated with a program example.

Assessment of existing resources and needs should consider the full range of family and community services used by children, including medical facilities, play areas, and quality preschool education, as well as services used by parents, such as job training and parent support groups. Effective local coalitions have broad-based, diversified community representation from public, private, and voluntary sectors; have adequate staff support; use a common vision of objectives to guide planning; and assess community resources. They also distribute responsibility and authority among coalition members; make group decisions; inform the community about their work and the status of the children; and expand access to high quality, coordinated, integrated services for children and families; assure adequate program funding; improve child and family public policies; and monitor and evaluate outcomes progress.

Effective programs have a clear goal focused on children and families, view progress over the long-term, are rooted in the community and reflect community makeup, do intensive outreach and personal service for the most at-risk children and fam-

ilies, and help parents nurture their children. They also provide for the interconnected needs of family members through a broad variety of resources; manifest respect among staff and participants; have well-trained staff and volunteers with low turnover who relate well to community members; have stable, adequate, and flexible funding; and regularly measure progress against specific goals.

United Way of America, Attn: Kurt Johnson, 701 North Fairfax Street, Alexandria, VA 22314; (703) 836-7100 ext. 835/Fax (703) 683-7840. (1992, 59 pp.; free)

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